



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

September 2, 2004

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

TANF Transmittal 26

This transmittal contains changes and clarifications to the Temporary Assistance for Needy Families (TANF) Program. This transmittal is effective October 1, 2004. The revisions are listed below followed by a discussion of the changes by topic:

- A. Reporting Requirement - The 130 percent income limits used in TANF and Food Stamps to determine when recipients must report changes in monthly income have been increased. The revised income limits have been updated in Section 305.1.D. Notices will be mailed to all TANF and/or Food Stamp households in mid-September explaining the changes and the possible impact on the amount of assistance received.
- B. Standard Deduction - The standard deductions used in calculating countable earnings have been revised for households with five members or more. The amount for households with four or less members did not change. The new amounts are reflected in updated income calculations in Appendix 2 to Section 900.
- C. Locality Groupings - The State Board of Social Services has approved the request of four localities to be moved to the Group III locality grouping. The localities are: Augusta and York counties and the cities of Poquoson and Staunton. The change in payment standards was reflected in checks issued beginning September 1, 2004. The Grouping of Localities, Appendix 1 to Section 304, has been revised accordingly.
- D. Minor Corrections - The remaining pages contain minor revisions, including grammatical, typographical, and formatting corrections, and updates to bring associated policy sections in alignment with previously revised policies.

The transmittal pages are to be incorporated into the TANF Manual as follows:

Table of Contents, pages 2 - 3, dated 10/04 (2 sheets), to replace Table of Contents, pages 2 - 3, dated 7/03 and 7/04, respectively (2 sheets).

Chapter 200 Table of Contents, page 2, dated 10/04 (1 sheet), to replace Chapter 200 Table of Contents, page 2, dated 7/04 (1 sheet).

Section 201.1, page 2, dated 10/04 (1 sheet), to replace Section 201.1, page 2, dated 7/04 (1 sheet).

Section 201.3, page 4a, dated 10/04 (1 sheet), to replace Section 201.3, page 4a, dated 7/03 (2 sheets).

Section 304, Appendix 1, page 1, dated 10/04 (1 sheet), to replace Section 304, Appendix 1, page 1, dated 10/92 (1 sheet).

Section 305.1, page 2, dated 10/04 (1 sheet), to replace Section 305.1, page 2, dated 7/04 (1 sheet).

Section 305.1, page 9, dated 10/04 (1 sheet), to replace Section 305.1, page 9, dated 7/03 (1 sheet).

Section 305.4, page 24b, dated 10/04 (1 sheet), to replace Section 305.4, page 24b, dated 7/04 (1 sheet).

Section 305.4, page 35, dated 10/04 (1 sheet), to replace Section 305.4, page 35, dated 10/00 (1 sheet).

Section 401.1, page 1, dated 10/04 (1 sheet), to replace Section 401.1, page 1, dated 12/03 (1 sheet).

Section 401.2, page 2d, dated 10/04 (1 sheet), to replace Section 401.2, page 2d, dated 12/03 (1 sheet).

Section 401.5, page 12, dated 10/04 (1 sheet), to replace Section 401.5, page 12, dated 12/03 (1 sheet).

Sections 403.5 - 403.8, page 2, dated 10/04 (1 sheet), to replace Sections 403.6 - 403.8, page 2, dated 6/01 (1 sheet).

Section 502.2, page 3, dated 10/04 (1 sheet), to replace Sections 502.2, page 3, dated 7/04 (1 sheet).

Section 502.6, page 6, dated 10/04 (1 sheet), to replace Section 502.6, page 6, dated 7/04 (1 sheet).

Section 503.7, page 2b, dated 10/04 (1 sheet), to replace Section 503.7, page 2b, dated 7/04 (1 sheet).

Section 503.8, page 3, dated 10/04 (1 sheet), to replace Section 503.8, page 3, dated 12/03 (1 sheet).

Chapter 900, Appendix 2, page 4, dated 10/04 (1 sheet), to replace Chapter 900, Appendix 2, page 4, dated 7/04 (1 sheet).

Chapter 1000, pages 36 - 37, dated 10/04 (2 sheets), to replace Chapter 1000, pages 36 - 37, dated 6/01 and 7/99, respectively (2 sheets).

Chapter 1000, Appendix A, pages 3 - 5, dated 10/04 (3 sheets), to replace Chapter 1000, Appendix A, page 3 - 5, dated 7/99 (1 sheet).

Chapter 1000, Appendix A, page 28, dated 10/04 (1 sheet), to replace Chapter 1000, Appendix A, page 28, dated 7/99 (1 sheet).

Chapter 1000, Appendix A, page 45, dated 10/04 (1 page), to replace Chapter 1000, Appendix A, page 45, dated 7/00 (1 sheet).

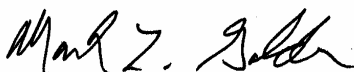

Chapter 1000, Appendix A, page 47, dated 10/04 (1 page), to replace Chapter 1000, Appendix A, page 47, dated 7/00 (1 sheet).

Chapter 1000, Appendix A, page 49b, dated 10/04 (1 page), to be added following Chapter 1000, Appendix A, page 49a, dated 6/01 (1 sheet).

Chapter 1000, Appendix A, pages 51 - 52, dated 10/04 (2 pages), to replace Chapter 1000, Appendix A, pages 51 - 52, dated 7/00 (2 sheets).

Chapter 1000, Appendix B, pages 2 - 6, dated 10/04 (5 pages), to replace Chapter 1000, Appendix B, pages 2 - 6, dated 7/99, 7/99, 7/99, 7/99, and 7/00, respectively (5 sheets).

Chapter 1000, Appendix C, pages 1 - 5, dated 10/04 (5 pages), to replace Chapter 1000, Appendix C, pages 1 - 5, dated 7/99 (5 sheets).


 S. Duke Storen, Director
Division of Benefit Programs

Attachment

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- D. IMMUNIZATIONS - All applicants and recipients for TANF must supply verification that all otherwise eligible children have received the immunizations required by the Code of Virginia.* The agency must inform applicants of the immunization requirement at initial application and must inform recipients on 7/1/95 on their first scheduled redetermination after 7/1/95. The immunization schedule is established by the State Board of Health.
1. ACTION AT FIRST REDETERMINATION OR TWELVE MONTHS AFTER NOTIFICATION - By the first redetermination or twelve months, whichever is later after being informed of the immunization requirement, the recipient must provide the following or the worker must reduce the TANF grant:
 - a. Verification that the child has received all immunizations appropriate to his age;
 - b. Verification that the child has received at least one dose of each of the required immunizations as appropriate for the child's age and that the child's physician or the local health department has prepared a plan for completing the immunizations. The plan needs only to indicate when future immunizations are due; or
 - c. Verification that the child is exempt.
 2. ACTION AT SECOND REDETERMINATION AFTER NOTIFICATION - At the second redetermination and subsequent redeterminations after being informed of these requirements, the recipient must provide verification of compliance with the immunization schedule or the plan prepared by the physician or health department, until the child has received all required immunizations. Failure to provide the necessary verifications shall result in a grant reduction.
 3. ADDING A CHILD TO THE ASSISTANCE UNIT AND TRANSFERS- When a child is added to the assistance unit, the eligibility worker must advise the parent/caretaker of the immunization requirement. The parent/caretaker shall be allowed at least twelve months to provide verification that the child has met the immunization requirement. As verification of immunizations is only required at redetermination, sanctions shall not be imposed for such a child until the first redetermination occurring at least six months after the child is added.

Example: On February 1, Ms. I reports a new child, Tom, in the assistance unit. The worker advises Ms. I of the immunization requirement for Tom. On April 15, Ms. I has a redetermination interview. No immunization verification is required for Tom. At the next redetermination in **March**, Ms. I fails to provide verification of Tom's immunizations. The grant is reduced for **April**.

The notice must include the following:

1. that the truant recipient is in jeopardy of losing eligibility for TANF benefits;
2. that the caretaker must contact the local department within five working days of the notice to cooperate in developing a plan to achieve compliance with compulsory school attendance laws; and
3. that failure to contact the local department may result in the truant recipient's ineligibility for TANF due to noncooperation.

Note: The "Advance Notice of Proposed Action" form must not be used to meet this notification requirement.

- D. Development of and Cooperation with the Plan - If the caretaker contacts the agency, the agency is to work with him to establish a plan to resolve the child's truancy and to bring him into compliance with school attendance laws.

STANDARDS OF ASSISTANCE

10/04

APPENDIX 1

GROUPING OF LOCALITIES

GROUP ICounties

Accomack
Alleghany
Amelia
Amherst
Appomattox
Bath
Bedford
Bland
Botetourt
Brunswick
Buchanan
Buckingham
Campbell
Caroline
Carroll
Charles City
Charlotte
Clarke
Craig
Culpeper
Cumberland
Dickenson
Dinwiddie
Essex
Fauquier
Floyd
Fluvanna
Franklin
Frederick
Giles
Gloucester
Goochland
Grayson
Greene
Greensville
Halifax
Hanover
Henry
Highland
Isle of Wight
James City
King George
King & Queen
King William
Lancaster
Lee

Louisa
Lunenburg
Madison
Mathews
Mecklenburg
Middlesex
Nelson
New Kent
Northampton
Northumberland
Nottoway
Orange
Page
Patrick
Pittsylvania
Powhatan
Prince Edward
Prince George
Pulaski
Rappahannock
Richmond County
Rockbridge
Russell
Scott
Shenandoah
Smyth
Southampton
Spotsylvania
Stafford
Surry
Sussex
Tazewell
Washington
Westmoreland
Wise
Wythe

Cities

Bristol
Buena Vista
Clifton Forge
Danville
Emporia
Franklin
Galax
Norton
Suffolk

GROUP IICounties

Albemarle
Chesterfield
Henrico
Loudoun
Roanoke
Rockingham
Warren

Cities

Chesapeake
Covington
Harrisonburg
Hopewell
Lexington
Lynchburg
Martinsville
Newport News
Norfolk
Petersburg
Portsmouth
Radford
Richmond
Roanoke
Virginia Beach
Williamsburg
Winchester

GROUP IIICounties

Arlington
Augusta
Fairfax
Montgomery
Prince William
York

Cities

Alexandria
Charlottesville
Colonial Heights
Falls Church
Fredericksburg
Hampton
Manassas
Manassas Park
Poquoson
Staunton
Waynesboro

- b. the earned income of an individual which is funded by the Workforce Investment Act of 1998 (WIA);
- c. for TANF-UP, unemployment compensation benefits;
- d. lump sum payments per 305.4.C;
- e. the earned income of a child that is a full or part-time student.

If the income of the assistance unit exceeds 185%, the case is ineligible for a payment.*

2. Screening at the Standard of Assistance

The following procedures are applicable to the standard of assistance screening:

a. Applications, Including Persons Being Added to An Existing Assistance Unit

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

b. All AUs will be allowed the following deductions from earned income:

- (1) The standard deduction**, the same amount used in the standard deduction for the Food Stamp program, and 20% of the remainder is deducted from the gross earnings.***
(Refer to Appendix 3 to Section 305, Step 2 and Section 305.3.B.7.)

Assistance Unit	Standard Deduction
1-4 members	\$134
5 members	\$153
6 or more members	\$175

c. Ongoing Cases

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

d. The following income is disregarded when income is screened at at the standard of assistance:

- 1) all income specifically disregarded in 305.4.A;

* 45 CFR 233.20(a)(3)(xiii)
 ** 22 VAC 40-295-60
 *** 22 VAC 40-295-60

At each renewal, all income of the assistance unit must be verified, regardless of whether a change has been reported. If a change is identified, a prospective determination must be conducted in accordance with Section 305.1.A. to establish ongoing eligibility.

When a change in income occurs between renewals, a prospective determination must be conducted to establish ongoing eligibility.

When attempts to verify countable income prove to be unsuccessful because the person or organization that is to provide the verification fails to cooperate with the assistance unit and the local agency, and there are no alternate sources of verification available, the Eligibility Worker shall determine an amount to be used for TANF purposes based on the best available information. The case record must be documented to reflect the method used to arrive at the anticipated income.

In the above situation, the following verification will be considered the best available information:

1. a third party statement,
2. a collateral contact, or
3. as a last resort, the applicant's/recipient's written statement of the amount of income anticipated to be received in the payment month.

D. Handling Changes in Income (Earned and Unearned)

1. The assistance unit must report increases in income that place the assistance unit's monthly income above 130 percent of the federal poverty level based on assistance unit size.

The income limits are as follows:

<u>Income Limits</u>				
Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-Monthly Amount
1	\$1,009	\$234.65	\$ 469.30	\$ 504.50
2	1,354	314.88	629.77	677.00
3	1,698	394.88	789.77	849.00
4	2,043	475.11	950.23	1,021.50
5	2,387	555.11	1,110.23	1,193.50
6	2,732	635.35	1,270.70	1,366.00
7	3,076	715.35	1,430.70	1,538.00
8	3,421	795.58	1,591.16	1,710.50
Each Additional Person	\$345	\$80.23	\$160.46	\$172.50

32. All bona fide loans, regardless of the intended use.* This includes loans obtained for any purpose, and may be from a private individual as well as from a commercial institution. A simple statement signed by both parties indicating that the payment is a loan and must be repaid is sufficient to verify that a loan is bona fide. If the customer indicates that money received was a loan but does not provide required verification, the money is to be treated as unearned income in the month received.

Interest earned on the proceeds of a loan while held in a savings account, checking account, or other financial instrument will be counted as unearned income in the month received.

33. Income, including support, received by or on behalf of a child ineligible for TANF due to the family cap provision.**
34. Payments received by victims of Nazi persecution under Public Law 103-286.
35. Matching contributions deposited in an individual development account (IDA) or on the applicant/recipient's behalf in a parallel account maintained by the organization administering the IDA program.
36. Income received by children who are in a VIEW period of ineligibility.
37. Interest income of less than an average of \$10 per month.
38. TANF Match Payments issued to TANF recipients based on current support collected by the Division of Child Support Enforcement.
39. Any veteran benefits received by children born with spinal bifida, who are natural children of individuals who served in Vietnam during the period beginning January 9, 1962, and ending on May 7, 1975.
40. Payments received from the Ricky Ray Hemophilia Relief Fund established under Public Law 105-369.
41. Allowances, earnings, and payments to individuals participating in programs under Title I of the Workforce Investment Act (WIA).***

B. Income From Social Security and Other Benefits - Monthly benefits received or anticipated to be received by members of the assistance unit, or individuals required to be in the assistance unit, must be counted as income, with the following exceptions:

1. When a member of the assistance unit is eligible for benefits (such as but not limited to, RR Retirement, private corporation retirement,

* 45 CFR 233.20(a)(3)(xxi)

** Code of Virginia, Section 63.2-604

*** 20 CFR 667.272 (c)

Section 302.6.D. The income of the senior parent(s) will be considered available to the minor caretaker's assistance unit in accordance with 305.4.F. The income of the senior parent(s) will be deemed available to the minor caretaker's assistance unit regardless of whether the minor caretaker has been excluded from the unit for reasons identified in Section 305.4.E.1.b and e.

Additionally, any income of the minor caretaker is considered available to her AFDC children, even if he/she is not included in the assistance unit. Earned income disregards are applicable per Section 305.3.B.

- e. If the parent or child is excluded or removed from the assistance unit because he/she failed/refused to cooperate in identifying the parents, establishing paternity and securing support per 201.10.A, or failure to provide a Social Security number or show proof of application for a Social Security Number, the parent's/child's earned income, allowing the earned income disregards per Section 305.3.B., and gross unearned income is considered available to the assistance unit. This applies also to individuals who are disqualified per Section 102.3 for being found to have committed an IPV, to an assistance unit member ineligible due to noncompliance with the compulsory school attendance requirement, to a parent excluded because her spouse, the stepparent to the eligible children, is able to meet her needs, and to a parent/child ineligible due to 201.1 F and G.
- f. If the parent is a sponsored alien whose income plus that portion of the sponsor's income deemed available to him/her equals or exceeds the alien's pro rata share of the standard of assistance at 90% for the alien and the remaining members of the assistance unit, the children's pro rata share of the alien's countable income (exclusive of the sponsor's income) is considered available to the assistance unit. Allow the earned income disregards per Section 305.3.B. in determining the alien's countable earnings. Note: A lump sum payment received by a sponsored alien parent excluded under this paragraph is counted as income in the month of receipt only. No period of ineligibility is to be established.

If the child is a sponsored alien, none of his income is to be counted.

APPLICATION AND

DETERMINATION OF ELIGIBILITY

10/04

401.1

401.1 BASIC REQUIREMENTS REGARDING APPLICATION -

- A. Request for Assistance - Federal regulations* require that any individual wishing to do so shall have the opportunity to apply for whatever type of federal assistance he chooses. This means that no individual can be denied the right to make application for public assistance, even though they may be potentially eligible in another federal program, e.g., SSI. The worker should assist the individual in selecting the appropriate categories of assistance. It is mandatory that the opportunity to apply be freely available and that no obstacles to application be imposed. An inquiry** which is simply a request for information about eligibility requirements, is to be distinguished from an application. No case folder is to be prepared for an inquiry and no case number assigned. An Inquiry Book, or comparable record, must be kept in each local office for recording the date and notice of each inquiry and the name of the person seeking information.

A request for TANF must include, if living in the same household, the parent(s) and all minor siblings (both natural and adoptive) of the dependent child for whom assistance is requested. The eligibility worker will assist the applicant/recipient in determining who must be included in the request for assistance. If a child for whom assistance is requested is not eligible because categorical requirements are not met, he is a SSI recipient, he receives foster care maintenance payments, **or** he is a child subject to the family cap provision, he will not be included in the assistance unit and his income will not be considered available to the assistance unit.

When a parent or sibling enters the household or circumstances change that may require a parent or sibling living in the home to be included in the assistance unit, his eligibility for inclusion in the assistance unit must be evaluated. The new individual will be considered to be included in the application as of the day he enters the household or, if already residing with the unit, the day the individual's circumstances change requiring him to be included in the unit. A newborn is considered to be included as of his date of birth. The family cap provision per 201.12 may apply to a child born on or after May 1, 1996. If the caretaker refuses to provide the information about an individual required to be included in the assistance unit, it may not be possible to determine the unit's eligibility or payment.

* 45 CFR 206.10(a)(1) and (2)

** 45 CFR 206.10(b)(2)

- 2) Repayment of Overpayments - If the new individual was not reported timely, overpayments may exist. Follow procedures in Section 503.7.G. to calculate the amount overpaid.

Example: A parent enters the home on October 15 but is not reported to the agency until January 8 of the following year. The last renewal was completed in November, one month after the parent entered the home. All months beginning with the month after the parent entered the home must be evaluated for possible overpayments.

- d. Adding Other Persons - A request to add an individual not required to be in the unit, such as a caretaker-relative other than a parent or EWB, will be processed within the normal 30-day application processing time frame, with eligibility effective no later than the month following receipt of the request per Section 401.1.I.

3. Evaluation of Reported Information - To ensure the applicant/recipient has provided all information necessary for the worker to make a proper determination regarding eligibility, every element on the SOF must be discussed with the client at each application or renewal.

Additionally, when a change is reported by the client, all elements related to the change must be reviewed to ensure continuing eligibility exists.

When statements, either written or verbal, made by the client are deemed questionable, further evaluation of the client's circumstances is required. Questionable information will include, but is not limited to, statements which are:

- a. incomplete or unclear;
 - b. inconsistent with statements previously made by the applicant/recipient;
 - c. inconsistent with information known by the local agency.
4. Income v. Expenses - In situations where it is obvious the client's monthly expenses exceed verified income, the worker shall discuss with the client how monthly expenses are being met. The worker may not require verification of the client's expenses as a condition of eligibility. Furthermore, assistance may not be denied or terminated based solely on statements made by the client. Rather, the worker shall take this opportunity to explore the client's situation to determine if unreported income is available which allows the assistance unit to meet monthly expenses.

- m. The provisions of cooperation in relation to the Child Support Enforcement Program. The client must be informed of the responsibility to assist the State or local agency and the consequences for refusing to cooperate, unless good cause for refusing to cooperate has been determined to exist. The applicant/recipient must be given the opportunity to withdraw the application or request the termination of assistance, before the next payment is issued. The appropriate notice must be sent in either situation.
- n. Provisions regarding income and the method by which income will be counted, **including** the lump sum provision.
- o. Provisions concerning treatment of child care/incapacitated adult care disregard as it relates to an individual's employment status and eligibility determination (Section 305.3.B.6.). The applicant/recipient must be given the opportunity to choose either the child care disregard or the child care vendor payment to the provider.
- p. Standard of assistance
- q. Under the VIEW Program, the requirements of the program, the conditions for exemption from this requirement and that all recipients will be notified via mail of specifics regarding participation upon approval of their application. Additionally, the requirement to report all changes relative to VIEW status and the condition of eligibility to participate, if required, must be explained. See Section 901.2 for further details of explanation.
- r. Verification of Information - The applicant/recipient must be advised that all factors of eligibility are verified and that public records, such as Bureau of Vital Records and Health Statistics, etc., are utilized in this effort. The applicant/recipient should also be advised that the records of Virginia Employment Commission (VEC) and Social Security are periodically checked for income.

Individuals who have been determined to be exempt from VIEW on the basis of incapacity, must be referred to the appropriate State Vocational Rehabilitation Agency.

403.6 CHILD CARE (DAY CARE) SERVICES - Child care services are the provision of care and related services for the child in the absence of the parent or care taker relative during a part of the 24-hour day. Child care services must be provided, when such service is not available without cost for children found eligible for a TANF money payment, when day care is needed to enable the parent or caretaker-relative to accept or continue in employment or appropriate training leading toward employment.

Day care and related services are provided by the local department, either through an agency operated child care center or through a vendor service payment to the provider of care. Day care may be provided in the child's own home or outside the home. The service staff is responsible for the provision of this service, including authorization of the vendor service payment. The eligibility worker is responsible for advising the applicant of the availability of this service and for referral to the services staff of all cases in which day care is needed as indicated above. It is the responsibility of the service worker to assist the client with planning for day care and to authorize a vendor service payment.

403.7 PREVENTION AND REDUCTION OF OUT-OF-WEDLOCK BIRTHS - Public Law 104 - 193, Section 401, requires states to establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies. Local agencies should have knowledge of social, medical, educational, and other services geared toward the prevention of out-of-wedlock births and the strengthening of family life available in their locality, in order that such services may be offered.

403.8 OTHER SERVICES - These services are those which are geared toward meeting particular needs of families and children and the applicant/recipient should be referred to the service worker as needed or upon request. They include:

1. assisting children to obtain education in accordance with their abilities;
2. assistance to families in improving living conditions;
3. assistance in reuniting families;
4. assistance in money management;
5. assisting parent in child rearing.

* 45 CFR 233.90(a)(2)

502.2 PERIOD COVERED BY PAYMENT -

- A. Payment covers need for the entire calendar month of eligibility (Section 401.1.I.), except when eligibility is determined in the same month in which an application for financial assistance is received or when an individual is added to an existing case. No payment may be issued, however, prior to the date of application. The effective date of payment is the date that initial eligibility for assistance or a change in amount of assistance begins.

No payment shall be made on an approved application for periods prior to the date of application. If the beginning date of assistance is not the first of the month, the benefit for that month must be prorated. This is accomplished by dividing the amount payable by 30 days, regardless of the total number of days in such month. This amount is then multiplied by the actual days in the month including and following the date of authorization. Additionally, when an individual is added to an existing case, the individual's portion of the grant must be prorated for the first month of eligibility with the beginning date of payment established in accordance with Section 401.2.B.2.c.

Example #1: A Group II locality receives a signed application from Ms. Doe on August 18. She requested assistance for herself and two (2) children and reports no income. The agency determined she is eligible to receive an assistance payment on August 24. The beginning date of assistance for Ms. Doe is August 18. The agency will compute her first month's payment based on the following information:

1. 14 days = number of days for which Ms. Doe is eligible to receive assistance in August.
2. \$320.00 - payment amount for full month's benefit.

The method of computation is as follows:

$$\$320.00 \div 30 = \$10.67 \times 14 = \mathbf{\$149.33}$$

\$149.00 grant (rounded down)

Example #2: A Group II locality receives an application on August 5 requesting assistance for a mother and two (2) children. The family receives Social Security of \$88.50 each month. The agency determines eligibility on August 10. The beginning date of assistance for Ms. Doe is August 5. The first payment will be computed as follows:

$$\$320.00 - \$88.50 = \$231.50 \text{ full month deficit}$$

$$\$231.00 \div 30 = \$7.70 \text{ daily rate}$$

$$\$7.70 \times 27 \text{ days} = \$161.70 \text{ prorated deficit}$$

\$161.00 grant (rounded down)

B. Transferring Agency Responsibility

The transferring agency must complete a desk review to assure the correctness of the next payment as the transferring locality is responsible for the accuracy of this payment. The desk review entails reflecting all changes known or reported prior to the recipient's move which affect eligibility or payment and any changes occurring as a result of the recipient's move. It also entails a review of the case to insure that any other follow-up or special reviews have been completed. If the case is overdue for review, the transferring locality does not have to complete a renewal prior to transferring the case.

Local social services agencies may not transfer TANF cases in the following instances:

- The case has a suspension status due to Interim Reporting.
- The case has a suspension status due to temporary ineligibility for any reason (one month).
- The case has a suspension status because net support is greater than the current TANF benefit.
- The TANF application is pending. The original agency must process the application. The agency must secure sufficient information to process the application unless the applicant elects to withdraw the application.

Cases that have been sanctioned for non-compliance with a VIEW requirement must be transferred.

The transferring agency must send the recipient a Notice of Transfer providing notice that their case has been transferred and listing the name, address, and telephone number for the receiving agency. If any changes during the desk review result in ineligibility or a decrease in the grant, procedures with respect to the Advance Notice of Proposed Action (032-03-018) are applicable.

The transferring locality will specify on the Case Record Transfer Form that the month following the month in which they send the form and case record to the new locality is the last month for which they will make payment. If the TANF case was receiving food stamps, the transferring locality must note the impact of the transfer on the food stamp case on the Case Record Transfer form. If the case is open to services, the transferring locality will immediately notify the service worker of the client's move and new address, and upon completion of the Case Record Transfer Form, will forward a copy to the service worker. Verification on changes which could not be made for the next payment, due to the advance notice requirements, will be included in the case record and will also be specifically noted on the Case Record Transfer Form under additional remarks. The receiving locality will take the necessary action to make the change(s) and send the Advance Notice of Proposed Action immediately.

Grant adjustments necessary to conform with the standard of assistance in effect in the locality to which the recipient has moved must be made effective for the month following the recipient's move. If the adjustment results in a decrease or termination of assistance, timely notice must be given to the client. It is the responsibility of the transferring locality to give timely notice. (See **502.6 D.2.** for detailed instructions regarding transfers between Loudoun County and other agencies.)

- D. Support Related Overpayments - When an overpayment occurs which is the result of the client's failure to redirect support, the client's needs are not to be removed for purposes of calculating the overpayment.
- E. Income Related Overpayments - The local agency must determine the correct amount of the payment the assistance unit should have received for those months the assistance unit actually received an overpayment.* Using conversion factors of 4.3 and 2.15, if appropriate based on Section 305.1.B.2.b, screen the income at 185% and at the standard of assistance to determine the monthly payment amount. In cases involving changes required to be reported or payments made pending an appeal decision, the local agency must determine the month that the overpayment initially occurred and all other months as follows:
1. If, due to a misunderstanding or inadvertent error on the part of the assistance unit, an assistance unit failed to report a change in its circumstances within 10 days of the date the change became known to the assistance unit, the first month of an overpayment will be the first month in which the change would have been effective had it been reported in a timely manner.

In no event, however, may the local agency determine as the first month in which the change would have been effective any month later than two months from the month in which the change in income occurred.
 2. If the assistance unit reported a change within the prescribed time limits, but the local agency did not act on the change timely, the first month affected by the local agency's failure to act must be the first month the local agency should have made the change effective. Therefore, if an advance notice was required but was not sent, the local agency must assume that the maximum advance notice period as provided in Section 401.4.C would have expired without the assistance unit requesting a fair hearing.
 3. If prospectively ineligible, the full assistance payment is an overpayment.
 4. If the prospective determination renders the case eligible, calculate each month's overpayment and apply earnings disregards as indicated in Section 503.7.C., if applicable.
- F. Overpayments Not Related to Income - If an overpayment is the result of any factor other than income, the overpayment is to be based on the actual circumstances of the case each month.

* 45 CFR 233.20(a)(13)

2. In situations where the client has earned income, unearned income, or any combination thereof, in addition to his assistance payment, part or all of the assistance payment may be recouped as long as the assistance unit retains at least 90 percent of the standard of assistance when the total gross income **and** the amount of the current grant **are** considered.
 - a. Determine the amount of the overpayment.
 - b. Combine all gross income (no earned income disregards apply) and the current grant.
 - c. Determine what 90% of the standard of assistance for a family of equal size in the same locality would be. This represents the amount of money the client must have available to live on.
 - d. The difference in Step b. and c. represents the client's ability to repay the overpayment.

The monthly assistance payment will be reduced according to (1) and (2) above until such time as the overpayment has been repaid. If, however, income and/or cash reserves have been counted in establishing the client's ability to repay, recovery of the overpayment may also be accomplished through voluntary repayment. This option is to be offered to the client prior to initiating a recoupment.

If recoupment reduces the grant to zero, the case will be retained as TANF eligible with no money payment.

- B. Recovery consists of making arrangements with a former or current recipient for voluntary repayment of all or a portion of the overpayment even though the client may no longer be eligible for assistance. If a former recipient fails to make the voluntary repayment, the agency must initiate action under Section 63.2-512, Code of Virginia, to collect the amount as a debt. Failure or refusal of a current recipient to voluntarily repay the overpayment will result in court action only when recoupment is not possible and, thus, precludes prompt correction of overpayments as described in 503.7D, i.e., no grant from which to recoup due to a deficit of less than \$9.50.
- C. RESPONSIBILITY FOR OVERPAYMENTS - The allowable amount of recoupment or recovery of the overpayment from the client is limited to the total amount of the overpayments.
 1. When TANF benefits are overpaid, the caretaker-relative of the assistance unit at the time the overpayment occurred shall be primarily responsible for repayment of the overpayment. If that particular caretaker-relative is not available, and his whereabouts are unknown, then the overpayment is to be recovered from the remaining members of the assistance unit.

Example 5 - Maximum Reimbursable

Assistance unit of 6 in a Group I locality. Mom earns \$450 gross monthly income. The monthly Federal Poverty Level for an assistance unit of 6 is \$2,101.00.

- Step (1) - Screening at Federal Poverty Level
- \$ 450.00 Gross Monthly Earnings <
\$2,101.00 Monthly Federal Poverty Level for 6
- Step (2) - Unearned Income
- \$470.00 Standard of Assistance for 6
 0 Unearned Income
\$470.00 TANF Deficit
- \$443.00 Maximum Reimbursable Amount
- Step (3) - Earned Income Disregards
- \$450.00 Gross Monthly Earnings
-175.00 Standard Work Deduction
\$275.00 **x 20% = 55.00**
 55.00
\$220.00 Net Earned Income
- Step (4) - Add Net Earned Income and TANF Deficit
- \$220.00 Net Earned Income
+443.00 Maximum Reimbursable TANF Deficit
\$663.00 < Federal Poverty Level
- \$443.00 = VIEW Payment (TANF Grant)

Example 6 - Earned Income Case with Immunization
Penalty

Assistance unit of 2 in a Group III locality. Mom earns \$960 gross monthly income. One member of the AU receives \$60 SSA monthly. The monthly Federal Poverty Level for an assistance unit of 2 is \$1041. There is a \$50 immunization penalty.

- Step (1) - Screening at Federal Poverty Level
- \$ 960.00 Gross Monthly Earnings <
\$1041.00 Monthly Federal Poverty Level for 2

Note: If the hours calculated for participation in CWEP do not meet the federal participation minimum requirement, the participant will be assigned to a concurrent work activity. State code mandates the method by which CWEP hours are calculated.*

D. Requirements for CWEP

- (1) Each VIEW participant in the TANF case must work the required hours based on the calculations described above. The VIEW Referral to Work Site Form is used to refer participants to a work site for an initial interview.
- (2) The time required to travel to and from the work site will not be counted as hours worked.
- (3) A participant may receive education and skills training during the participant's initial six months of participation in CWEP. A maximum of eight hours a week of the required CWEP hours can be used to participate in educational, training, job search, and/or job readiness activities.
- (4) After the initial six months of participation in CWEP, the number of hours a participant works can be reduced to allow increased participation in education/or skills training to further the participant's employability, or the participant can be assigned to another CWEP site, if appropriate.

E. CWEP Work Site Development

- (1) The ESW or work site supervisor will complete a Work **Site** Position Form which lists the job duties and requirements for each CWEP position.

* Code of Virginia **63.2 - 608**

- (2) The work site supervisor will be given a written explanation of his responsibilities in supervising a CWEP participant.

The supervisor's responsibilities should include, but are not limited to the following:

- (a) Provide supervision and training as agreed upon in the **Community Work Site Agreement (032-02-308)**, as well as supplies, tools and work space needed to do the job.
 - (b) Each month, complete the Attendance/Performance Rating Sheet **(032-02-305)** and rate the participant's performance.
 - (c) Notify the worker if the participant does not show up for work, is consistently out of compliance with the rules of the work site, or if there are any work-related accidents.
 - (d) Conform to all rules regarding job displacement and secular activities.
 - (e) Explain the employer's rules of the work place to the participant.
- (3) The ESW should attempt to develop work sites which serve a useful public function; examples would be health care facilities, social services, charitable and environmental protection organizations, education, urban and rural development organizations, recreation, public facilities, public safety and child care.

F. Duration of Community Work Experience

- (1) The participant's initial assignment to CWEP must be for a period of six months. Any subsequent assignments must be for a minimum of three months.
- (2) There is no limitation on the number of a participant's assignments to the community work experience component.

G. Work Site Monitoring

- (1) Each month, the supervisor must complete the Attendance/Performance Rating Sheet. The days and hours the participant worked must be reported as well as the supervisor's opinion regarding continuation of the participant at the CWEP site. If the supervisor recommends removal, he must document the reason.
- (2) Every three months, the worker must conduct a reassessment with the

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TEXAS INFORMATION SHEET

- A. 1. Write or print your name _____
2. What is your address _____
3. What is the date today? _____
4. Do you have a telephone? _____ What is the number? _____
5. Are you married? _____ What is your husband's name (or wife's name)? _____
6. When is your birthday? _____
7. Where were you born? _____
- B. 1. Are you a citizen of the United States? _____
2. Are you a citizen by birth or by naturalization? _____
3. Do you maintain private transportation? _____
4. If so, what type? _____
5. Do you possess a valid driver's license? _____
6. What type of books would you like to read? _____
7. Are you a registered voter in the State of Virginia? _____
8. If you are presently employed, please indicate whether you are employed on a full-time or a part-time basis. _____
9. How long have you worked for your present employer on the job which you now hold? _____
10. Do you subscribe to a newspaper? _____
11. Do you subscribe to any magazines? _____
12. If so, please list them. _____
13. Do you own (or have ready access to) a T.V.? _____
14. Do you own a radio or is one available to you? _____
15. Please answer either fine, good, fair, poor, or bad to the following questions:
- a. How is your vision? _____
- b. How is your hearing? _____
- c. How is your general health? _____

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16. Please write in words the number of times you estimate that you visit the doctor each year.
- _____
17. How did you learn about this program? _____
- _____
- C. 1. Please write a brief and pertinent paragraph explaining how you were made aware of this program.
- _____
- _____
- _____
- _____
2. Please write a paragraph telling the aspirations which you have that you feel can be enhanced or furthered by the program which you are now beginning.
- _____
- _____
- _____
- _____
3. Please write a paragraph about yourself, as you see yourself. You may reiterate the information which you have already given in the above paragraph.
- _____
- _____
- _____
4. Give me that information which you feel will be most helpful in aiding an instructor who is trying to prepare a program of instruction suited to your particular needs.
- _____
- _____
- _____

Adapted from: Extension Teaching & Field Service Bureau. Division of Extension. The University at Austin, Permission to reproduce granted to Adult Education Program.

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THE UNIVERSITY OF TEXAS INFORMATION SHEET

FORM NUMBER – 032-03-311

PURPOSE OF FORM - This form measures functional literacy levels in English.

USE OF FORM - The form is used for all VIEW participants. Functional education level is recorded on the Assessment Form and in the automated system. Functional education level must be recorded in the automated system by the first reassessment.

NUMBER OF COPIES - One original.

DISPOSITION OF COPIES - Original - Case Record.

INSTRUCTIONS FOR PREPARING FORM - This form will be completed by the VIEW participant to the best of his ability. The ESW will determine the participant's functional education level based on completion of Sections A, B, and C.

Section A: grades 0 - 4.0

Complete Question	#1:	grade level 1.0 (record as 01 in automated system)
	#2:	grade level 1.5 (01 in system)
	#3:	grade level 2.0 (02 in system)
	#4:	grade level 2.5 (02 in system)
	#5:	grade level 3.0 (03 in system)
	#6:	grade level 3.5 (03 in system)
	#7:	grade level 4.0 (04 in system)

Section B: grades 5.0 - 8.9

Complete Question	#1:	grade level 5.0 (record as 05 in automated system)
	#2:	grade level 5.2 (05 in system)
	#3:	grade level 5.4 (05 in system)
	#4:	grade level 5.6 (05 in system)
	#5:	grade level 5.8 (05 in system)
	#6:	grade level 6.0 (06 in system)
	#7:	grade level 6.2 (06 in system)
	#8:	grade level 6.4 (06 in system)
	#9:	grade level 6.6 (06 in system)
	#10:	grade level 6.8 (06 in system)
	#11:	grade level 7.0 (07 in system)
	#12:	grade level 7.3 (07 in system)
	#13:	grade level 7.5 (07 in system)
	#14:	grade level 7.7 (07 in system)
	#15:	grade level 8.0 (08 in system)
	#16:	grade level 8.3 (08 in system)
	#17:	grade level 8.5 (08 in system)

Section C: grades 9.0 - 12.9

Completes Question	#1:	grade level 9.0 (record as 09 in automated system)
	#2:	grade level 10.0 (10 in system)
	#3:	grade level 11.0 (11 in system)
	#4:	grade level 12.0 (12 in system)

REFERRAL TO WORK SITE (FEP OR CWEP)

FORM NUMBER: 032-02-300

PURPOSE OF FORM - This form provides the VIEW participant and the community work site or FEP employer with written information about the VIEW participant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer VIEW participants to a community work site or FEP placement to interview for a position.

NUMBER OF COPIES - One original and two copies.

DISPOSITION OF COPIES - Original - Participant
1st copy - Work Site
2nd copy - Case Record

INSTRUCTIONS FOR PREPARING FORM

Preparation of this form will serve to refer the VIEW participant for an interview or an assignment to a work experience or FEP position for which there is a position description on file.

The first section of the form contains information that the VIEW participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The second and third sections of the form also contain information which will help the work site representative interview the VIEW participant, record the details of the position for which the VIEW participant is applying/reporting, and know who the local agency contact person is for this particular VIEW participant.

All sections of the form need to be completed for all parties to understand the referral.

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III. EVALUATION OF ELIGIBILITY FOR A HARDSHIP EXCEPTION - CONT'D

☐ Yes ☐ No Meets the conditions of a 12 month hardship?

B. 12-Month Hardship Conditions

1. Employment-Related Education/Training

- ☐ Enrolled in employment-related education/training for at least 9 of the last 12 months.
- ☐ Is making satisfactory progress in education or training.
- ☐ Education/training is expected to be completed in 12 months or less.
- ☐ Request is not for any of the following educational components: ABE, GED, ESL, High School.

2. Factors Related to Job Unavailability

- ☐ Participant has been actively seeking employment.
- ☐ Unemployment rate in locality for last 2 quarters of available data has been 10% or greater.

IV. DISPOSITION

☐ Yes ☐ No Eligible for hardship exception? If not, why? _____

Approved: ☐ One year hardship for (Reason): _____

From: ____/____/____ To: ____/____/____

Approved: ☐ 90 Day hardship for (Reason): _____

From: ____/____/____ To: ____/____/____

Worker/Supervisor

Comments: _____

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES (VIEW)

PARTICIPANT NAME: _____

CASE NUMBER: _____

DATE: _____

NOTICE OF HARDSHIP EXCEPTION

YOUR REQUEST FOR A HARDSHIP EXCEPTION TO THE TANF 24 MONTH TIME LIMIT HAS BEEN
APPROVED / DENIED (CIRCLE ONE) FOR THE FOLLOWING REASON(S):

IF APPROVED, THE EXTENSION OF TANF BENEFITS IS FOR A _____
PERIOD, BEGINNING _____, AND ENDING _____.
YOUR REASSESSMENT APPOINTMENT WITH YOUR VIEW WORKER IS _____,

_____. YOU MUST SHOW UP FOR THIS APPOINTMENT
MONTH DAY YEAR IN ORDER TO CONTINUE RECEIVING TANF
BENEFITS.

YOUR EXTENSION OF TANF ASSISTANCE IS CONDITIONAL BASED UPON THE FOLLOWING:

- (1) YOU MUST CONTINUE TO MEET THE TANF AND VIEW PROGRAM REQUIREMENTS.
- (2) YOU MUST CONTINUE TO MEET THE CONDITIONS UNDER WHICH THE HARDSHIP HAS BEEN GRANTED.
- (3) IF YOU DO NOT COMPLY WITH PROGRAM REQUIREMENTS, YOUR HARDSHIP WILL END AND YOUR TANF BENEFITS WILL TERMINATE.

VIEW WORKER: _____

PHONE NUMBER: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR VIEW WORKER. IF YOU DISAGREE WITH THE
PROPOSED ACTION, YOU MAY CONTACT YOUR WORKER TO ASK FOR A CONFERENCE, OR YOU MAY
REQUEST IN WRITING A HEARING TO APPEAL THE ACTION.

APPEALS SHOULD BE SENT TO: MANAGER, APPEALS AND FAIR HEARINGS
VIRGINIA DEPARTMENT OF SOCIAL SERVICES
7 NORTH EIGHTH STREET
RICHMOND, VIRGINIA 23219-3301

CONTACT SHEET

FORM NUMBER – 032-02-078

PURPOSED AND USE OF FORM – This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Original is maintained in the registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM

This form includes all contacts of any kind with TANF recipient and any case action taken. These include, but are not limited to, interviews with the participant, other contacts (letters, notices, phone calls) with the date a participant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIEW PROGRAM

EXCHANGE OF INFORMATION FORM

DATE: _____ CASE#: _____

CASE NAME: _____

CLIENT NAME: _____

CLIENT ID: _____ MEMBER#: _____

FROM EW: _____

TO ESW: _____

____ 24 MONTH ELIGIBILITY TERMINATION DATE: _____.

____ APPEAL PRIOR TO 24 MONTH CLOSURE. CASE REMAINS OPEN UNTIL APPEAL RESOLVED.
SCHEDULED APPEAL DATE: _____.

____ APPEAL OF HARDSHIP DENIAL PRIOR TO 24 MONTH CLOSURE. CASE REMAINS OPEN UNTIL
APPEAL RESOLVED.

____ REAPPLICATION-PREVIOUS FAILURE TO SIGN AGREEMENT OF PERSONAL RESPONSIBILITY.
SIGNED AGREEMENT ATTACHED. EFFECTIVE DATE OF TANF APPROVAL: _____.

____ CLIENT VIEW STATUS CHANGED FROM ____ TO ____.

____ CLOCK ADJUSTED TO: ____.

____ OTHER: _____.

=====

FROM ESW: _____

TO EW: _____

____ FIRST HARDSHIP ____ GRANTED FROM ____ TO ____.

____ SUBSEQUENT HARDSHIP ____ GRANTED FROM ____ TO ____.

____ HARDSHIP DENIED ON _____.

____ HARDSHIP TERMINATED ON _____.

____ EVALUATE CLOCK INDICATOR. NEEDS TO BE _____.

____ EVALUATE CLOCK DATE. NEEDS TO BE _____.

____ EVALUATION PARTICIPATION COUNTER. NEEDS TO BE _____.

____ OTHER: _____.

VIEW EXCHANGE OF INFORMATION FORM

FORM NUMBER - 032-03-375

PURPOSE OF FORM - This form provides the means by which the employment services and eligibility workers may communicate information related to hardships, appeals, case transfers, and corrections to clock information. It also provides the required case documentation for such information.

DESCRIPTION OF FORM - The heading of the form provides space for identifying information on the case. The top half of the form is for the use of the eligibility worker and the bottom half is for the use of the employment services worker. Workers need to maintain copies of the form in case records both at the time the form is sent and when a reply is received.

NUMBER OF COPIES - Original to receiving worker.
One copy retained in case record by sending worker.

INSTRUCTIONS FOR COMPLETING THE FORM:

1. Enter the current date, case number, case name, client name, client ID and member number in the case/client section.
2. The worker sending the form needs to complete the appropriate section of the form using their name and/or worker ID and the name and/or worker ID of the worker to whom the message is being sent.
3. The sending worker will check the appropriate message(s), complete any necessary information, and forward the form to the appropriate staff.
4. The receiving worker needs to act on the information or respond to the sending worker as soon as administratively possible.

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CONTRACTOR
PERIOD OF PERFORMANCE
AMOUNT:
SERVICES PROVIDED:

CONTRACT DEVELOPMENT CHECKLIST

GENERAL CRITERIA:	YES	NO	COMMENTS:
Agency has identified the services or administrative functions needed and the reason for contracting. i.e., LDSS's work becomes more efficient.			
The service is not available in the community free of charge, or at no cost to agency.			
State or local Procurement procedures were followed. Note: If contracting with another State entity, agencies do not have to go out with an RFP.			
If agency has previously contracted with the provider, the following have been evaluated:			
Reports provided timely.			
Required outcomes met.			
If not, section plan developed for improved performance.			
Agency has developed internal procedures for screening and referral of customers to contractor. Staff and contractor have clearly defined procedures for handling absenteeism, lack of progress and other problems that may occur.			
Agency has linked required levels of performance with payment (accepting a minimum number of referrals, placement of target population, payment at designated phases of the contract).			

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SCOPE OF SERVICES INCLUDES:	YES	NO	COMMENTS:
Explanation of the roles of the contractor and the agency in providing the service.			
Detailed summary of activities.			
Explanation of the contractor's responsibility regarding reports.			
Description of the numbers and kinds of customers who will receive the service. (i.e., age 25-35, volunteers, high school graduates, etc.).			
Statement of the time frame for the service including beginning and ending dates.			
Description of the specific outcomes anticipated for customers receiving the services, the number of participants to achieve those outcomes and the time frames outcomes will be achieved (i.e., average wage expected and the number obtaining employment, the number completing training, etc.).			
Detailed breakdown of all cost associated with the provision of the service.			
Description of the contract monitoring which will be carried out by the agency.			
Definition of what will constitute acceptable performance by the contractor.			
Description of the action taken both in regard to the contract and in regard to continuation of the service should performance be unacceptable.			

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PROGRAM COMPONENTS: (Note: It is recommended that outcome measures for components should exceed that achieved by the agency without benefit of contracting.)			
JOB DEVELOPMENT & JOB PLACEMENT:	YES	NO	COMMENTS:
Number of customers to be referred identified.			
Outcome measures have been established for:			
Percentage/number to be placed.			
Average wage expected at placement or by end of follow-up.			
Percentage to retain for 30/60/90 days.			
JOB READINESS:			
Individual class size and total number of customers to be enrolled have been identified.			
Outcome measures have been established for:			
Percentage/number to complete the class.			
Percentage/number to find employment within 30/60/90 days.			
Retention services to be offered? (Optional)			
If so, retention outcomes specified for 30/60/90 days.			
JOB SKILLS TRAINING:			
Training is being offered for occupations in demand in the community.			
Individual class size and total number of customers to be enrolled has been identified.			
Outcome measures have been established for:			
Percentage/number to complete the training.			
Percentage/number to find employment within 30/60/90 days.			
Retention services to be offered? (Optional)			
If so, retention outcomes specified for 30/60/90 days.			

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EDUCATION and TRAINING	YES	NO	COMMENTS:
Individual class size and total number of customers to be enrolled has been identified.			
Tools/methods for measuring progress have been identified (i.e., receipt of GED, pretest and periodic documentation of progress at mid-contract and end of contract period, grade level attainment, completion of competencies).			
Outcome measures have been established for:			
Percentage/number to show progress or successfully complete the curriculum.			
Percentage/number to have satisfactory participation on a monthly basis.			
COST EFFECTIVENESS:			
Contract has been evaluated for cost effectiveness.			
If applicable, contact cost per entered employment is equal to or less than the program cost (desktop review).			
If applicable, contract cost per participant is equal to or less than the program cost.			
If the service cannot be provided at a lower cost, the degree of difficulty in working with the targeted customer population requires intensive services to produce desired outcomes.			

CONTRACT

This Contract is made this _____ day of _____ 20____, by and between

(herein referred to as the "Agency")
and

(herein referred to as "Contractor").

In order to implement the Agency's Employment Services Program, the parties of this Contract agree as follows:

(1) SCOPE OF SERVICES: The Contractor shall provide the services to the Agency indicated in the Attachment.

(2) TIME OF PERFORMANCE: The services of the Contractor shall commence _____ and terminate on _____

All time limits stated in this agreement are of the essence.

(3) COMPENSATION: The Contractor shall be paid by the Agency

Total obligation of the Agency in all forms of compensation shall not exceed _____ dollars.

(4) CONDITIONS OF PAYMENT: All services provided by the Contractor pursuant to this Contract shall be performed to the satisfaction of the Agency, and in accord with all applicable federal, state and local laws, ordinances, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local laws, ordinances, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rules or regulations.

(5) LIABILITY: The Contractor shall indefinitely, and hold harmless the Agency, and when applicable, its designated representatives, from any and all claims, suits, actions, liabilities and cost of any kind, caused by the performance by the Contractor of his/her work pursuant to this agreement.

Neither the Contractor, its/his employees, assignees or subcontractors shall be deemed employees of the Agency while performing under this agreement.

(6) GENERAL PROVISION: Nothing in this agreement shall be construed as authority for either party to make commitments which will bind the other party beyond the Scope of Service contained herein. Furthermore, the Contractor shall not assign, sublet, or subcontract any work related to this agreement or any interest he/it may have herein without the prior written consent of the Agency.

(7) INTEGRATION AND MODIFICATION: This Contractor constitutes the entire agreement between the Contractor and the Agency. Any alterations, amendments, or modifications in the provisions of this agreement shall be in writing, signed by the parties and attached hereto.

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GUIDE FOR DEVELOPMENT OF STANDARD OPERATING PROCEDURES FOR THE VIRGINIA INITIATIVE FOR EMPLOYMENT NOT WELFARE (VIEW) PROGRAM BY LOCAL DEPARTMENTS OF SOCIAL SERVICES

The goal of the VIEW Program is to assist program participants in obtaining employment with wages and benefits sufficient to make continued, or future, receipt of public assistance unnecessary (i.e. self-sufficiency). In conjunction with employment, it is the commitment of the Department to assist participants in obtaining additional skills, training and education as appropriate in order to enhance employability.

In working toward the accomplishment of the program goal, a number of local agencies have found it useful to put in place standard operating procedures for the program. The following outline is offered as a guide for agencies who have not yet developed standard operating procedures for the VIEW Program but who recognize the value of such an effort.

Communities have different needs and resources and these characteristics, as well as agency size, frequently dictate how programs are designed and implemented. For these reasons, the outline is not intended to be all-inclusive nor is it a "how to" formula. It may be considered as a checklist to be used to ensure that all major functions and activities necessary to operate a successful VIEW Program have been considered.

A. Referral and Case Opening Procedures

1. Describe the procedure by which a potential participant is referred to the Queue.
2. Describe the steps for opening a case once it has been referred to the Queue and the time frame by which this must be done.
3. Describe the frequency with which the Queue will be accessed and monitored.

B. Assessment

1. What methods will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
2. Describe procedures for conducting educational tests and assessments. Include the following in your description of the procedures:
 - What assessment tools will be used;
 - Types of tests used (e.g., TABE);
 - Criteria for determining who should be tested;
 - Incorporation of test results into case records;
 - Staff responsible for conducting assessment; and
 - Referral procedures if test and assessments are conducted outside of the agency.
3. If additional assessment information is gathered, how and by whom (e.g., DRS, VEC, Mental Health) and describe how this responsibility will be handled and how information will be integrated with agency's assessment.
4. How are the results reported and by what time period the results should be provided.

C. Self-Sufficiency Planning/Component Assignment

1. Describe the process by which the two-year plan of participation will be developed and how program components are assigned. Specify the appropriate forms and supportive documentation.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors program activities and evaluates them for effectiveness.

D. Social and Supportive Services

1. Develop a list of the specific services available to VIEW participants in your locality.
2. Describe the procedures used for gaining approval and access to specific services, indicating arrangement, and authorization for payment, and the responsible individuals at each step of the process.
3. If spending limits are set, describe how and why this was decided and describe what steps will be taken to assure equity for each participant.
4. Describe the locality's approach to developing and maintaining a list of current and potential service providers.

E. Monitoring Worker Performance

1. Explain how caseloads will be monitored using VIEW caseload reports available through the Employment Services Automated System (ESPAS), Mapper and other locally developed reports.
2. Describe how the agency will track the timely entry of information into ESPAS.
3. Describe procedures for supervisory oversight of "timeliness" and the utilization of the Action Due Report and any other management reports available to the agency.
4. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.

F. Monitoring Participation and Progress

1. Describe the optimal timeframes the agency has set for completion of each component activity when applicable. Describe the methods and means (including forms) by which the agency monitors participant progress in each of the components.
2. Describe how the agency tracks and documents the participant's advancement in and completion of components.
3. Describe how the agency documents participation hours and how the documentation is maintained.

G. Sanctions and Compliance

1. Describe how the agency assures that participant's understand about non-compliance and its consequences, including the following:
 - What is sanctioning?
 - Why it is applied?
 - When it is applied?
 - How/when can a sanction can be lifted?
2. Describe the procedures the agency follows to see that participants follow their Activity and Service Plans.
3. Describe the actions taken by the agency when a participant is out of compliance. Include the following areas in the description:
 - Contact with participant and/or sanction/termination notice;
 - Evaluation of non-compliance;
 - Good Cause evaluation; and
 - Sanction, if required.
4. Describe the procedure for notifying eligibility to impose the sanction and for what time period.
5. Describe the procedures followed by VIEW staff once the sanction has been imposed by eligibility, including:
 - Closing of cases; and
 - Procedure for notifying eligibility to lift sanction when appropriate.

H. Monitoring & Program Evaluation

1. Describe how the locality assesses the program's progress toward meeting the following planned measures:
 - Participation rate, with priority given to TANF-UP households;
 - Entered employment rate;
 - Job retention rate; and
 - Entered employment wage.
2. Describe what steps are being taken to ensure full TANF-UP participation.
3. Describe tracking procedures, documentation, requirements, and supervisor/worker responsibilities for all facets of the agency monitoring process.

I. Data Entry

1. Describe the procedures followed by the agency in entering program data into ESPAS and any other information systems that may be used by the agency.
2. Identify individuals(s) responsible for data entry for VIEW participants from the time the case is opened to closure, and deadlines, for data entry.
3. Identify individuals responsible for reviewing the Queue.

J. Job Development

1. Describe what job development activities the agency has created and/or cultivated.
2. Describe how the agency determines which employers and occupations will be targeted for job development efforts.

3. Describe the methods the agency uses to contact prospective employers. (Are cold calls made to employers, Chambers of Commerce presentations, advertising campaigns, etc.)
4. Describe the procedures used to promote the employer's awareness of services provided by the VIEW Program.
5. Describe how participants are prepared for employer interviews by staff.
6. Describe the follow-up provided by staff to the employer and participant once a participant has been hired.
7. Describe the procedures that will be put in place to insure that feedback from the employer is utilized in improving program operations. (For example, the employer expresses concern about the skill level of a participant despite the fact that the participant has just completed training in the occupation for which she was hired.)
8. Describe procedures used by the agency in monitoring the effectiveness of job development activities.

K. Case Closure

Describe steps which must be carried out to close a case and time frames, including the following:

- responsibility for coding the supplement;
- responsibility for entering closure into ESPAS; and
- specify the supportive documentation

L. Contracts

1. Describe the process by which decisions are made to contract for VIEW Program services, the factors involved in making these decisions, and the level of responsibility for the decisions. Considerations should be given to the following issues:
 - Local procurement process;
 - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations;
 - Contract monitoring; and
 - Contract termination for non-performance
2. Describe the procedures and timeframes the agency will follow in providing Central Office with copies of the proposed contract.

M. Development and Updating of Local Plan

1. Describe the development of the local VIEW annual plan, including the roles played by the director, fiscal, and program staff.
2. Describe the circumstances under which changes are made to the plan, the process by which changes are made, including the roles played by the director, fiscal, and program staff.
3. Describe the process utilized by the agency to identify changes in the area's labor market, participant needs, and/or fiscal and community resources so that appropriate changes can be made to the agency's plan for program operation in the coming year.

N. Hardship Determinations

1. Describe what internal procedures are used in evaluating hardship requests.(e.g. evaluation team, individual worker, etc.
2. Describe how requests and dispositions of hardship exceptions are tracked and recorded.
3. Describe by what method Regional Coordinators are notified of hardship exception requests and dispositions.